Kanawha County Office of the Assessor

409 Virginia Street East Charleston, WV 25301



Fax: (304) 357-0551
e-mail: assessor@kanawha.us

Tel: (304) 357-0250

www.kanawhacountyassessor.com

DISASTER RELIEF APPLICATION

Who should complete this form?

You should complete this form to request a reappraisal, and reduction of taxes, based on substantial damage caused by a disaster.

- To ensure your request is processed in a timely manner all documentation should be received by January 1st.
- In order to begin the disaster relief process a proof of loss report or written estimate by a licensed contractor and photographic evidence must be provided.
- Should a reduction be granted for the future calendar year the current calendar year's taxes must be paid.

Account #:	District:	Мар:	Parcel:
Owner's Name:	·····		
Property Address:Street Address	Firs	t	MI
Street Address Mailing Address (if different): Street Address	SS		Zip Code
Owner's Daytime Telephone: ()			
Date of Damage:			
Type of property that was d	amaged: Resident	ial □ Commerc	ial □ Personal
Damage caused by:	☐ Flood ☐ Fire ☐	Condemnation	☐ Other
If you marked "Personal," you must include affected:		•	properties that were
If you marked "Other," please describe: _			
Description of damage:			

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WEST VIRGINIA THAT THE FOREGOING AND ALL INFORMATION HEREON, INCLUDING ANY ACCOMPANYING STATEMENTS OR DOCUMENTS IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature Date